State of New Jersey Licensed Site Remediation Professional Licensure Application Letter of Reference Form



Date Stamp
(For Department use only

Instructions for completing this form:

Individuals seeking to become Licensed Site Remediation Professionals (LSRPs) are required to submit to the Site Remediation Professional Licensing Board (Board) three separate letters of reference as part of their application. The Board will utilize the information provided in the letters of reference in evaluating whether the applicant meets the standards and requirements established for training, experience and professional conduct.

The Board will rely on the information you provide in this letter of reference to determine whether to grant the applicant a license, therefore, it is crucial that the information you provide be complete, accurate, and substantiated by your own experience and knowledge of the applicant.

Completed letter of reference forms and supplemental information should be delivered to the Board within 30 days of your receipt of this letter of reference form. Deliver this letter of reference form directly to:

New Jersey Site Remediation Professional Licensing Board c/o NJDEP Site Remediation Program P.O. Box 420 Mail Code 401-05A Trenton, NJ 08625-0420

Note that the applicant's application will not be deemed complete until this letter of reference form is received by the Board. If you are unable or unwilling to complete this letter of reference form within 30 days, immediately contact the applicant or the Board. If you have any questions or concerns about completing this form, contact the Board Secretary at 609-984-3424 or SRPLBoardContact@dep.state.nj.us.

 APPLICANT INFORMATION (To be comple 	eted about person submitting application)
□Dr. □Ms. □Mrs. □ Mr.		
Last Name:		_
First Name:	M.I	_
Suffix (Sr., Jr. IV):		
Maiden Name:		_
2. REFERENCE INFORMATION (To be comple	eted about person completing this form)	
□ Dr. □Ms. □ Mrs. □ Mr.		
Last Name:		_
First Name:	M.I	_
Suffix (Sr., Jr. IV):		
Address:		
Phone Number:		
Email Address:		
Current Employer:		
Current Title:		

3. How do you know the applicant:
4. What is the timespan during which you have known the applicant: (month/year) TO (month/year)
5. Are you an LSRP? ☐ Yes ☐ No If Yes, provide License Number
6. Are you a current or past employer of the applicant? ☐ Yes ☐ No
If yes, what is the timespan during which you employed the applicant: (month/year) TO (month/year)
Name, address and phone number of the company by which the applicant is/was employed:
7. Are you a current or past supervisor of the applicant? ☐ Yes ☐ No
If yes, what is the timespan during which you supervised the applicant: (month/year) TO (month/year)
Name, address and phone number of the company where you supervised the applicant:
8. Are there any circumstances that preclude your objective assessment of this applicant? \square Yes \square No
If "Yes", explain below or attach additional sheet:
9. Do you believe that the applicant is capable of and has demonstrated his/her ability to use independent professional judgment in designing, implementing and managing site remediation work and in satisfying the rules and requirements of NJDEP and/or other environmental regulatory agencies? Explain below or attach additional sheet: YesNo

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10. Do you consider the applicant to be of a professional caliber in his/her conduct and character? Explain below or attach
additional sheet:YesNo
11. Are you aware of the applicant having had any license suspended or revoked, or been subject to any disciplinary action? Explain below or attach additional sheet:
YesNo
12. Do you recommend that this applicant be approved to take the licensing exam to become a Licensed Site Remediation Professional in New Jersey? Explain below or attach additional sheet:
YesNo
13. Additional comments may be included below or attach additional sheet: